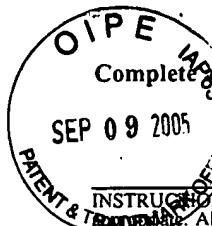


PART B - FEE(S) TRANSMITTAL



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Karol J. Wilder	(Depositor's name)
<i>Karol J. Wilder</i>	(Signature)
7 Sep 05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,266	08/22/2003	E. Ann Hallinan	SO 3370/2 US	9451

TITLE OF INVENTION: CRYSTALLINE SOLID FORM OF (2S,5Z)-2-AMINO-7-(ETHANIMIDOYLAMINO)-2-METHYLHEPT-5-ENOIC ACID

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	05/16/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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REYES, HECTOR M	1625	562-460000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Philip B. Polster, II Charles Ashbrook 3
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Pharmacia Corporation P.O. Box 1027 St. Louis, MO 63006 USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
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<input checked="" type="checkbox"/> Advance Order - # of Copies 6	<input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1025 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Philip B. Polster

Typed or printed name Philip B. Polster, II

Date 7 Sep 05

Registration No. 43,864

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